V. S. No. 1

	1	. PLAC
		Count Villag
		Length
	2	. FULL
		(a) R
		PER
	3. S	EX
		OP
	5a.	If married HUSBAN (or) WII
te.		DATE OF
rtifica	7. A	<b>IGE</b>
of cer	NOI	8. Trede k S
back	UPAT	9. Indus W S
_	18	10. Date

# STATE OF MARYLAND-CERTIFICATE OF DEATH

			1		
122	0	20.	-20	6	
-3	-1	23	-UI	100	
	1	()	T	()	

1. PLACE OF DEATH	(120)
County Kent	Registration Dist. No.
Village of City newtown Worton Ind	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME anne plavis	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 , 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That i attanded_deceased from
HUSBAND of Edward Lave	Nov 2 H 1936 10 Mor 20 15 1936
1897	llast sew her alive on Mar 2 5 %, 193 9; death is seit
6. DATE OF BIRTH (month, day, end year) / 0 / 7 7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at
1 day,hrs	
or min.	were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	WYNTULSIONS P
O 10. Date decessed lest worked et this occupetion (month and spent in this	Autation: two lound. Cury R.
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Llay	
(State or country)	- acute Indigistion
13. NAME Frankes Juiles	
14. BIRTHPLACE (city or town) St Marys Cv. (State or country)	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Ellen Starling 16. BIRTHPLACE (city or town). Kent Co.	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) Teuf-Co	Accident, suicida, or homicide?
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
12 INFORMANT Edward hlavis	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manage of Injury
Place Int From Still Mote From 28, 1936	Manner of Injury
6	Nature of injury
19. UNDERTAKER & /4 tellows	24. Was diseasa or injury in any way ralated to occupetion of deceased?
(Addrass) Stell Rond md,	If so, specify
20, FILED Mr 27 193 & & Weloup	(Signed)
Registrar.	(Address) Sull Pond.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DFC 2 130	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage KUKEAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------



1. PLACE OF DEATH	TO THE OF BEATTI 11011
County Tout-	(130) Registration Dist. No. 204
Village or City Landy Lattone	Charlestone St. Ward
Length of residence in city of town where death occurred / yrs. 4 mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long In U.S. Jof foreign birth?yrsmosds.
2. FULL NAME Metter Marce	Tree vacant pecify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH 700. 24 ,193 6 (Month) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attanded deceased from
	(Vor 31, 19, 10, 10 Nov 23, 19
6. DATE OF BIRTH (month, day, and year)	l last saw har alive on 23, 1936; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at the man
// ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, p ofession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	TAN:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked 4 this pecunition (month) and the last work was done as silk mill, saw mill the second to the sec	d'eule Ohyocardele
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Rwith Welt two 1934
10. Oate deceased last worked 4 11. Total time (years)	· Posmary Conse of the acute nephrities unknown
this occupation (month and spant in this sociupation 3	Possibly some governball infection, neglestede Could not
a RIPTION AND SECTION	Other Contributory Canses of importance; Letermine its sources
12. BIRTHPLACE (city or town)	Gusa But
13. NAME Form The	an 30/3
	resulta. Could not obtain 1936
(State or country)	Name of operation a history Date of
y January 1	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME LURELLE FREE	23. If death was due to externat causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(State or country) Ruch les mes	Where did injury occur?
17. INFORMANT Address) Allershed	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place thirty teller Date Mor. 26, 19 36	Nature of injury
19. UNOERTAKER ADVANY HANY	24. Was disease or Injury in any way related to occupation of deceased?
may se such a	(Signed trace of the free of M. D.
20. FILED A TATALON TO THE Registrar.	(Address) Bluellean

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 2 200	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully

-WRITE

ż

V. S. No. 1

1. PLACE OF DEATH			
County Steet		Registration Dist. No. 2	02
Village or City Cheek	ulacoa	NoSt.,	Ward
	(1) here deeth occurred 74 yrs // mos	f death occurred in a horpital or institution, give its NAME instead of street as	
<b>n</b>	nere death occurred.	21:0	
2. FULL NAME Ma	garet ann e	/Yell If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193.6 (Yeer)
5a. If merried, widowed, or divorced			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HUSBANO OF Clearles	Thice	22. I HEREBY CERTIFY, Thet I atlen	
	7	, 19, to	
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Month		to have occurred on the dete steted ebove, et 6:35 Am.	; death is seid
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence	
74 11	ormin.	were es tollows:	Oate of onset
8. Trede, profession, or particuler kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	telizat	Survey our	
9 Industry or business in which	1		
work was done, as SILK MILL, SAW MILL, BANK, etc.	Hausework		
1D. Dete deceesed last worked et this occupation (month and	11. Totel time (yeers) spent in this		
yeer)	occupation	Dther Contributary Canses of importance:	
12. BIRTHPLACE (city or town)	list station	0 1	Zo: to
(Stete or country)	ana ca ma	Derebral Quetohian	//
13. NAME Lenge W.	Sparks		
14. BIRTHPLACE (city or town). Com	tervilles	Name of operation Date	of
(Stete or country)	aryland	What test confirmed diegnosis? Was there	an autopsy?
15. MAIDEN NAME Rachel	Sparks	23. If deeth was due to external causes (VIOLENCE) fill in also the folio	wing:
15. MAIOEN NAME Rachel  16. BIRTHPLACE (city or town) Cl	nterville	Accident, suicide, or homicide? Date of injury	, 19
≤ (State or country)	naryland	Where did Injury occur?	16
17. INFORMANT Mice Sure (Address) This	in There	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, DR REMDVAL	5 2	Manner of injury	
Place Shrowsbury Ke	46,3 Dete 20 8 , 19.36		
M. F	Theole al	24. Was disease or injury in any wey releted to occupation of deceased	?
19. UNDERTAKER (Address)	Warne M	If so, specify	D
1 7 4 (	my 11. H	(Signed) Etrank W Succett	(orono M. I
20. FILEO 100 19.3.6.	IV J NESS	- alestiles	me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WEAR V. S			
Other contributory causes of importance:	-1-34	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFIC	CATE	OF	DEATH
SIMIL		IVIATI L		OFILIT I			PLAII

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Kent Sousti.	Registration Dist. No. 202
	Nogration Dist. No.
	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Namen Varken Ma	ys If U. S. Veteran, specify WAR World Wan 1916
(a) Residence: No. 2085 Queun St.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	Nov. 10 1936
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND OF (Or) WIFE OF Mamie B. Mays.	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 2007, 10 1936
6. DATE OF BIRTH (month, day, and year) 9am / 1888	I last saw h.M. alive on
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at. 3 . Cm.
48 10 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Thereon hage in the nor, 10
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pous resulting in 1936
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and the same time (years))	parelyis of perpenting
U IO. Data deceased last worked at this occupation (month and 7 / 1/6 / spant in this	Chronic neparities, swift
this occupation (month and 21934 spant in this life	Auration a six mouther
12. BIRTHPLACE (city or town) Chrestutour	Other Contributory Causes of Importanca:
(State or country) Rink Cu. Many land.	Hord bussure (level)
W 13. NAME Himm mars.	justed)
13. NAME Henry Mars.  14. BIRTHPLACE (city or town). Brunowith.	Name of operation
(State or country) Virginia	Whet test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Anna Bowser Mayo.	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Anna Bowser May 16. BIRTHPLACE (city or town). Kint to.	Accident, suicide, or homicide?
(State or country) Mary land.	Whera did injury occur?
17. INFORMANT Manie B. Mays.  (Address) Chestulown med.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Mannar of Injury
Place Chrestulous Com, Date MV. 13 , 1936	Nature of injury
19. UNDERTAKER Marin, V. Williams	24. Was disease or jajury in any way related to occupation of deceased? Likely
(Address) Christistin Ind.	It so, specify test sport ?
20. FILED nor 13, 1936 N.J. Techs Registrar.	(Signed) Nr. Hon. Chund M.D.  (Address) & histortown md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

-	Example I	ween and	Example II		
The principal cause of death and related causes of importance were as follows:			Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 2	1,00	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis			1021	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	W. 8	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	s of importance:			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
----------------------------	----------------------------

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1, PLACE OF DEATH	Registration Dist. No. 200
Village or City very Markey (16	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred from yrs	ds. How long in U.S. if of foreign birth?
(a) Residence: No. Miller Massey (Usual place of abode)	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OF RACE OR DIVORCED (write the word)  a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
DATE OF BIRTH (month, day, and year) Chul 15.1915  AGE Yeers Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Shot self in Chest - no xe/
this occupation (month end) 20.26 spent in this occupation	Other Contributory Causes of importance:

(State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country MOTHER

15. MAIDEN NAME 16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT. (Address)

19. UNDERTAKER (Address) Accident, suicide, or homicide

Where did Injury occur (Specify city or town, county and State)

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

V. S. No. 1

B ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1/		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u></u>		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------



V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	11551
OTTICE OF	MARIE CERTIFICATE OF DEATH	1100

1. PLACE O	F DEATH	_		(800	o. DEM		
County /	tent			(73-70)	Registration D	Dist. No.	00
	City Milling		(lf	NoNoNospital or institu		St	Ward
Langth of res	sidance in city or town whare	death occurred 3 3	vrsmos	ds. How long in U.S. if o	f foreign birth?	e_yrsm	osds.
2. FULL NA	ME James	Colwin -	Spen	If U. S. Veteran,	specify WAR		
(a) Reside	nce: No.		'	St., Ward,			
		(Usual place of ab			If nonresident g	ive city or town and	State
	NAL AND STATIST	ICAL PARTICU	LARS		ERTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED OR DIVORCED (4)	rite the word)	21. DATE OF DEATH	nor.	15,	, 193 6
5a. If married, wido	wed, or divorced	)			(Month)	(Day)	(Yaar)
(or) WIFE of	Mary R. &	spen.		22. 2 HEREBY	CERTIE	. Thet attanded	deceased from
	)	2 22	16/6	100 Cap	1900 to 1	00/5	, 1950
	(month, day, and year)		1868	I last saw he was aliva on	too 14	19.26	_; death Is said
/	ars Months		If LESS than day,hrs.	to have occurred on the deta state		m.	
6	0	2 1/	min.	Tha PRINCIPAL CAUSE OF DEAT were as follows:	H and related causa	s of importance	Date of onset
8. Trade, profe kind of SAWYEF V 9. Industry or Work wa SAW MI 10. Date date	assion, or perticular work done, as SPINNER, R, BDOKKEEPER, etc	Harmer	_ •	acute hypo C	order.	ewser	20015=5
9. Industry or	businass in which as done, as SILK MILL,			Physician only .	laus to the		
SAW MI	LL, BANK, etc.			. State of the sta	- Justine	* - 321VSD-4	
0 10. Date dacas this occi year)	sed last worked at upation (month and 936	11. Total tima (y spent in s occupatio	this It		~~~~~~~~~~~		-
12 BIDTUDI ACE (c	ity or town)			Other Contributory Causes of impo	ortance:		
12. BIRTHPLACE (c (State or cou	intry)	anne Co.	mil.	-		*	
13. NAME C	dwin W.	Spean.					
4 14. BIRTHPLAC	E (city or town)	· · · · · · · · · · · · · · · · · · ·	1	Nama of operation		Date of	
(State o	r country)	v Co. me	( .	What tast confirmed diagnosis?		Was thera an a	autopsy?
15. MAIDEN NA	AME Mary.	f. money		23. If death was due to external cau	ises (VIOLENCE) fill	in also the following	ξ:
15. MAIDEN NA	E (city or town)	0		Accident, suicida, or homicida?			
∑ (State o	r country)	elaware.		Whara did injury occur?			
17. INFORMANT (Address)	m. Jus. E. &	peur, 1	•	Spacify whethar injury occurred la	(Specify city or to INDUSTRY, In HDA	own, county and Stat ME, or In PUBLIC PL	ACE.
18. BURIAL, CREMA		3		Mannar of injury			
Placa Mu	Elington, med	· Date Nov.	18,1936	Netura of injury			
	One. (1:	7.0. al		Nettera of Injury			
19. UNDERTAKER	milling	tim. med.		24. Was disaase or injury in any w	ay ralated to occupat	tion of dacaased?	
(//0/1033)		n.		If so, spacify	Maci	/	
20. FILED/////	, 19) (a. M	o me	D'	(Signad)	Consider	eletion 1	M. D.
1/1		MASIA	Registrar.	(Address)	Sortion	power 1	14

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
------------	-------	-----	---------	-------------------	----	-----------

1. PLACE OF DEATH

Length of residence In city or town where deeth occurr

Village or City

2. FULL NAME

County

STATE OF MARYLAND—CERTIFICATE OF DEATH 11552

TIPE	Registration Dist. 1	20	0
	registration Dist. I	NO	
No.	-in- in- NIA BATC : a	St.,	Ward
death occurred in a norpital or institution,  How long in U.S. if of fore			
now long in 0.5.11 of fore	ngii birtiir	yrsm	0\$0\$
ry			
St. Ward.			
Ward.	If nonresident give cit	y or town and	State
MEDICAL CER	TIFICATE OF	DEATH	
21. DATE OF DEATH			
gro	3 /	gu	. 193 £
(M	onth) (	Day)	(Year)
22. I HEREBY C	FRILEY I	net I attanded	deceased from
mon /4 193			1935
I last saw have eliva on Re			
			.; death is sale
to have occurred on the date stated abo			
The PRINCIPAL CAUSE OF DEATH en were as follows:	d related causes of In	nportance	Date of onset
miliae S	Cenosis		Date or ouser
			-
			-
Other Coutributory Causes of Importent	ie:		
Neme of operation		Dete of	
Whet test confirmed diegnosis?		Was there en	autopsy?
23. If deeth was due to external causes (	VIOLENCE) fill in ele	en the following	y •
Accident, suicide, or homicide?			
	Date 01	i injuly	, 17
Where did injury occur?(	Specify city or town,	county and Sta	te)
Specify whether injury occurred in INI	OUSTRY, in HOME, or	IN PUBLIC PL	ACE.
	•		
Menner of Injury			
Nature of Injury	• • • • • • • • • • • • • • • • • • • •		
24. Was disease or injury In any way re		f doorgood?	No
	rated to occupation o	u deceased!	
tf so, specify	10.00	٠	
(Signed)	astel man	7	M. I
(Address) Must	the los	1 /	Tage

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterios crosis	1915	Attack of epilepsy	1 week ago
Chronic viterstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC ( 1332	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

Every item of infor-

OCCUPA-

Jo

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PLAD

V. S. No. 1

4	1	2	per	0	1
J		5	0	r	3
	36				

1. PLACE OF DEATH			
County / Cur	f p	Registration Dist. No. 20	2
Village or City		NOSt.,St.,St.   St.   St.	Ward mber)
2. FULL NAME GLORG	The state of the s		
(a) Residence: No. 206	W. Wynakling (Boual place of abode)	If U. S. Veteran, specify WARSt., Ward.  If nonresident give city or town and Ste	ale
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Mule Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH // (Month) (Day) , 1	193 <u>(</u> (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended dec	ceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 day,hrs. ormin.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	January More  11. Total tima (yaars) spant in this occupation  Land.  January  January  January  January	Other Contributory Causes of importanca:	
13. NAME  14. BIRTHPLACE (city or town)	unknown.	Nama of operation Date of	
(State of country)		What tast confirmed diagnosis? Was thera an auto	opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	huhrum.	23. If death was due to external causes (VIOL ENCE) fill in also tha following:  Accidant, suicida, or homicida?  Where did injury occur?  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	m. Date 11/24 ,1936	Mannar of injury	
19. UNDERTAKER Mayring (Address) Museful	I hilliams	24. Was disaase or injury in any way related to occupation of decaased?	٧
20. FILED hor 24, 1936	W.J. Mesks Registrar.	(Signed) (Address) 329 Cannol St	9M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 020 9	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis REAL	1921	Run over by street car	1 week ago
Cerebral hemorrhage EAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

	CERTIFICATE OF DEATH 11554
1. PLACE OF DEATH	
County Alexa	Registration Dist. No.
Village or City Bettleslow	No. St., Ward
Length of residence in city or town where death occurred for yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH Awy   8 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Many Wilson Turner	(Month) (Day) (Yaar)  22. J HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Phan 28 /869 7. AGE Years Months Days If LESS than	I last saw hamaliva on 22 7, 1936; death is said to have occurred on the data stated above, at 230 AM
67 8 1 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  Merchanis	of Comes
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Caralyzed - a paralytic stroke followed
10. Date deceased last worked at this occupation (month and year)  11. Total tima (years) spent in this occupation 454	
12. BIRTHPLACE (city or town) Settlerson (State or country) Seens Co	Pyto . in plints; a ter-
13. NAME Richard (1 Clurnes)  14. BIRTHPLACE (city or town) Better Company (1)	frostotic diseases
(State of Country)	Nama of operation
15. MAIDEN NAME Duatha Birch 16. BIRTHPLACE (city or town) Stell Pour	23. If daath was due to external causes (VIOLENCE) fill In also the following:  Accidant, suicide, or homicide?
William V	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) 73/ Yale art Swathmore	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Still Road Date Nov 20, 1936	Mannar of injury
19. UNDERTAKER / LR + allows (Addrass) Ltul & and mal	24. Was disease or injury in any way related to occupation of decaasad?
20, FILED Pin 20 1936 Medaile	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V. S.			
English and the second and the secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ativell.

STATE OF MARYLAND—CERTIFICATE OF DEATH 115

	nty Kent			
Villa			Registration Dist. No.	01
	ge or City	M Grove	No	,War
Lens	th of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of streetds. How long in U.S. if of foreign blrth?yrs.	
100	0	1 2710:10		
	L NAME 20 ann	ull of the	St. Ward.	
(a)	Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PE	RSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 200 25 (Month) (Dey)	, 193. 6 (Yaer)
HUSB/ (or) W	ND of 0 10 0	is thile		6 1931
	BIRTH (month, day, and year)	aw 18 1856	I last saw h Aqualiva on 7007 25, 194	3.6; death is sa
7. AGE	Years Months	Days If LESS than I day,hrs.	to have occurred on the data statad above, at 2 .15m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1	00	ormin.	were as follows:	Date of onse
Z 8. Tre	da, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	0/		
9. Ind	ustry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc	Jardner	Endocartilis.	
) 10. Dat	a deceased last worked at this occupation (month and year)	11. Totel tima (yeers) spent in this occupation		
	LACE (city or town)	Ludelphico	Other Contributory Canses of importance:	
	te or country)	1 Think	- Monic Mulis:	
13. NA	VIE OU	n Marie		
4. BiR	THPLACE (city or town) (State or country)	ngland	Name of oparation Date	
o≤ 15 MA	DEN NAME COALLO	wind Solandan	What tast confirmed diegnosis? Was there 23. If death was due to external causes (VIOLENCE) fill in elso the folio	-
E -	- Contract	D O	Accident, suicide, or homicide?	
Y 10. BIN	THPLACE (city or town)( Stata or country)	Enekand	Where did Injury occur?	
17. INFORM	ANT mary decess)	ane Bilster	(Specify city or town, county and Spacify whether Injury occurred In INDUSTRY, in HOME, or in PUBLI	State) C PLACE.
	cremation or removal	Date 200 Z 8 , 19 3	Menner of injury	
19. UNDERT	AKER BR + OR dress) Stied	Good and	24. Wes disaese or injury in any way reletad to occupation of deceased	1?
20. FILED	nor27, 1936	Melain-Registrar.	(Signed) T. Ulwal (Address) Run Pon	d M.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In statistic the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and of importance were as follows:  Arteriosclerosis	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 2	, 100.	July 5,1927	Peritonitis	3 days ago
BUREA	V. S.			
Other contributory causes of impo	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	4 0			
	all at the			